

FILED JUL 2 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5753**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **MO** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS MO** c. LENGTH OF STAY (In this place) **75 yr.** c. CITY OR TOWN **ST. LOUIS** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION: **ST. JOHNS HOSPITAL** e. STREET ADDRESS (If rural, give location) **2017 1 5618 So. GRAND BLVD.**

3. NAME OF DECEASED (Type or Print) a. (First) **AUGUST** b. (Middle) **J.** c. (Last) **BAUER** 4. DATE OF DEATH (Month) (Day) (Year) **JUNE 25, 1954**

5. SEX **0** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED** 8. DATE OF BIRTH **NOV. 27, 1878** 9. AGE (In years last birthday) Months Days **75**  UNDER 18 yrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **PUBLIC ACCOUNTANT** 10b. KIND OF BUSINESS OR INDUSTRY **REVENUE DEPT.** 11. BIRTHPLACE (City and State or Foreign Country) **ST. LOUIS MO** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **AUGUST BAUER** 13b. MOTHER'S MAIDEN NAME **ELIZABETH WEBER AUGUSTA BAUER** 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **MELBA PRACK** ADDRESS **5618 So GRAND**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) **MEDICAL CERTIFICATION** I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Coronary occlusion** INTERVAL BETWEEN ONSET AND DEATH **2 weeks** ANTECEDENT CAUSES **Ca of progressive stenosis** Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_ II. OTHER SIGNIFICANT CONDITIONS **Ca of progressive stenosis** Conditions contributing to the death but not related to the disease or condition causing death. " " " "

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_ **4201H**

22. I hereby certify that I attended the deceased from **6-13-1954**, to **6-25-1954**, that I last saw the deceased alive on **6-25-1954**, and that death occurred at **5:45 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Jos. Granata M.D.** 23b. ADDRESS **5521 S. Parkway** 23c. DATE SIGNED **6/26/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **CREMATION** 24b. DATE **6-28-54** 24c. NAME OF CEMETERY OR CREMATORY **MISSOURI CREMATORY** 24d. LOCATION (City, town, or county) (State) **ST. LOUIS MO**

DATE REC'D BY LOCAL REG. **JUN 28 1954** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Arnold** ADDRESS **5930**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

ETIPEO

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Bern L. Hoffman*

Licensed Embalmer No. *436*

P. O. Address..... *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.